



FY 2017 Ryan White HIV/AIDS Program Parts A and B

RFA #RWA&B.11.10.16



The Department of Health (DOH) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DOH reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DOH, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the Department of Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DOH terms of agreement

DEPARTMENT OF HEALTH (DOH)
NOTICE OF FUNDING AVAILABILITY (NOFA)

FY 2017 Ryan White HIV/AIDS Program Parts A & B
RFA #RWA&B.11.10.16

The District of Columbia, Department of Health (DOH) is soliciting applications from qualified applicants to provide services in the program and service areas described in this Notice of Funding Availability (NOFA). This announcement provides public notice of the Department of Health's intent to make funds available for the purpose described below. The applicable Request for Applications (RFA) will be released under a separate announcement with guidelines for submitting the application, review criteria and DOH terms and conditions for applying for and receiving funding.

General Information:

Funding Opportunity Title:	FY 2017 Ryan White HIV/AIDS Program Parts A & B
Funding Opportunity Number:	FO-HAHSTA-PG00193-001
RFA ID#:	RFA #RWA&B.11.10.16
Opportunity Category:	Competitive
DOH Administrative Unit:	HIV/AIDS, Hepatitis, STD, Tuberculosis Administration
DOH Program Bureau	Care, Housing, & Support Services Division
Program Contact:	Avemaria Smith, RWHAP Program Manager, avemaria.smith@dc.gov 202.671.4900
Program Description:	The Government of the District of Columbia, Department of Health (DOH), HIV/AIDS, Hepatitis, STD and Tuberculosis Administration (HAHSTA) is soliciting applications from qualified applicants to provide a variety of clinical and medical support services to indigent, uninsured, and under-insured persons living with HIV/AIDS in the Washington, DC Eligible Metropolitan Area (EMA).
Eligible Applicants	Not-for-profit organizations, including healthcare entities and universities; government-operated health facilities; for-profit health and support service providers demonstrated to be the only entity able to provide the service. All applicants must be located within and provide services in the DC EMA.
Anticipated Amount Available:	\$6,000,000.00

Funding Authorization

Legislative Authorization	Ryan White HIV/AIDS Treatment extension Act of 2009
Associated CFDA#	93.917, 93.914
Associated Federal Award ID#	H89HA00012; X07HA00045
Cost Sharing / Match Required	No
RFA Release Date:	Thursday, November 10, 2016
Pre-Application Meeting (Date)	Tuesday, November 15, 2016
Pre-Application Meeting (Time)	1:00 to 3:00 p.m.
Pre-Application Meeting (Location/Conference Call Access)	899 North Capitol Street, NE – 4 th Floor
Letter of Intent Due date:	November 21, 2016
Application Deadline Date:	Monday, December 12, 2016
Application Deadline Time:	By 6:00 p.m.
Links to Additional Information about this Funding Opportunity	DC Grants Clearinghouse http://opgs.dc.gov/page/opgs-district-grants-clearinghouse . DOH EGMS https://dcdoh.force.com/GO_ApplicantLogin2

Notes:

1. DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of this NOFA, or to rescind the NOFA.
2. Awards are contingent upon the availability of funds.
3. Individuals are not eligible for DOH grant funding.
4. Applicants must have a DUNS #, TaxID#, be registered in the federal Systems for Award Management (SAM).
5. Effective September 1, 2016, grant application submissions will be submitted via the DOH Enterprise Grants Management System (EGMS). Applicants must register to obtain an EGMS account at least two weeks prior to the submission deadline date.
6. DOH is located in a secured building. Government issued identification must be presented for entrance.

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District of Columbia Department of Health
RFA Terms and Conditions

v11.2016

The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH) and to all awards, if funded under this RFA:

- Funding for a DOH subaward is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- DOH may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- The RFA does not commit DOH to make any award.
- Individual persons are not eligible to apply or receive funding under any DOH RFA.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DOH shall notify the applicant if it rejects that applicant's proposal for review.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.
- The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at www.sam.gov prior to award.
- DOH reserves the right to require registry into local and federal systems for award

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management at any point prior to or during the Project Period. This includes DOH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.

- DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
- DOH shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.
- Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.
- DOH shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, including OMB Circulars 2 CFR 200 (effective December 26, 2014) and Department of Health and Services (HHS) published 45 CFR Part 75, and supersedes requirements for any funds received and distributed by DOH under legacy OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: www.opgs.dc.gov (click on Information) or click here: [City-Wide Grants Manual](#).

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at doh.grants@dc.gov or call (202) 442- 9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

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NOTICE

PRE-APPLICATION CONFERENCE

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FO-HAHSTA-PG-00193-001

WHEN: TUESDAY, NOVEMBER 15, 2016

**WHERE: DEPARTMENT OF HEALTH
899 NORTH CAPITOL STREET, NE
4TH FLOOR CONFERENCE ROOM
WASHINGTON, DC 20002**

TIME: 1:00 - 3:00 P.M.

CONTACT:

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Program Manager, Ryan White HIV/AIDS Program
HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)
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Note that all questions may be archived and shared with the general public.

I. Overview

Ryan White HIV/AIDS Treatment Extension Act of 2009

The legislation previously known as the Ryan White HIV/AIDS Program (RWHAP) was amended in 2006, extended in 2009, and renamed the Ryan White HIV/AIDS Treatment Extension Act of 2009. The legislation can be obtained at:
<http://hab.hrsa.gov/abouthab/legislation.html>.

The purpose of the RWHAP is to create and maintain a system of services that achieves improved health status outcomes for people with HIV. The Metropolitan Washington Regional Ryan White Planning Council (Planning Council) has adopted a comprehensive service delivery plan for the Washington Eligible Metropolitan Area (EMA) and has established funding priorities for services to be supported by RWHAP Part A funds in each of the four jurisdictions of the EMA (Washington, DC and select counties located in Maryland, Virginia, and West Virginia). Consistent with the requirements of the RWHAP, The DC Department of Health HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) has established separate funding priorities for its RWHAP Part B funds exclusively for the District of Columbia.

This Request for Application (RFA) will result in sub-grants for services that will be funded by Part A or Part B.

Change to Business Model

Historically, HAHSTA employed the use of sub-grant awards to provide direct client services to people living with HIV. While HAHSTA remains committed to the provision of Ryan White HIV/AIDS Program services for residents of the Washington EMA, it plans to change the mechanism by which it provides those services. Beginning in Grant Year 27, HAHSTA will begin the transition from paying providers to ensure the capacity to serve Ryan White clients and move toward a reimbursement model that compensates providers for service provision. The benefits to this transition are: to increase parity among providers with respect to reimbursement rates, to ensure that clients have the ability to access the provider of their choice within the EMA, to complement the Patient Protection and Affordable Care Act (ACA) healthcare system ensuring that RW is the payer of last resort, and to allow the flexibility to allocate resources to meet the gaps in services across service categories in the EMA.

HAHSTA selected and the Planning Council approved the service categories under the fee-for-service model. This RFA includes the service categories that will continue to use the sub-grant award mechanism at this time.

HAHSTA will begin the transition to its fee-for-service model of reimbursement in Grant Year 27 by supporting the following Service Categories through Human Care Agreements.

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GY27 Fee for Service - Service Categories

1. Outpatient/Ambulatory Health Services
2. Oral Health Care
3. Non-Medical Case Management Services
4. Mental Health Services
5. Food Bank and Home Delivered Meals
6. Substance Abuse Outpatient Care
7. Housing Services
8. Child Care Services

Purpose of this Request for Applications (RFA)

The purpose of this RFA is to support a compendium of services for persons living with HIV and persons affected by HIV that:

- Reduces health disparities in HIV-related health outcomes
- Increases timely access to HIV-related care and treatment
- Increases engagement and retention in HIV care
- Increases viral suppression among persons living with HIV

Focus Population

All Ryan White services are intended to support indigent, uninsured, and under-insured persons living with HIV in the EMA. With the exception of the Minority AIDS Initiative (MAI) service areas, there are no additional focus populations for this RFA.

Available Funding

The availability of funding for this RFA is contingent upon availability of funds to HAHSTA by the U.S. Health Resources & Services Administration (HRSA) under the RWHAP Part A program for the Washington, DC EMA and the RWHAP Part B for Washington, DC.

The total amount of funds available is approximately \$6.5 million, with about \$4 million available for Part A and about \$2.5 million for Part B respectively. The majority of the sub-grants will be awarded by service category, with the exception of the Part A MAI awards, which will be awarded as a cluster. Funds are also available to support Linguistic Services and/or Medical Transportation as add-on services to other Core Medical or Support Services.

The services available for funding under this RFA represent a subset of the total Ryan White service categories that will be funded in the EMA for FY2017/GY27. Eight additional service categories will be funded through Human Care Agreements with reimbursement provided on a fee-for-service basis. *Please note, this is the only opportunity to request sub-grant funding for the compendium of services funded under this RFA.*

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The chart below outlines the approximate funds available for service categories offered under this funding announcement.

Available Funding for RFA# RWA&B.11.10.16

Service Categories	Part A	Part B	Part B - MAI
Medical Case Management	\$1,000,000	\$1,400,000	
Medical Case Management (Regional Services)	\$1,150,000		
Health Education/Risk Reduction		\$250,000	
Home and Community-Based Health Services	\$245,000		
Medical Nutrition Therapy	\$130,000		
Other Professional Services (Legal & Permanency Planning Services)	\$13,000		
Outreach Services	\$14,000		\$200,000
Psychosocial Support Services	\$120,000	\$240,000	
Early Intervention Services		\$450,000	
Linguistic Services – add on	\$54,000		

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<i>Medical</i>	\$30,000
<i>Transportation – add on</i>	

Period of Funding

There are two funding periods for this RFA. Programs supported by Part A funds, including Part A MAI programs, will begin on March 1, 2017 and run through February 28, 2018. Programs supported by Part B funds, including Part B MAI, will begin on April 1, 2017 and run through March 31, 2018. Successful applicants will be notified of the funding period associated with their award in their notification of award document.

HAHSTA may elect to continue the funded programs for an additional period of three years, through 2021. Continuations will be determined based upon satisfactory program performance and grant compliance, the availability of continued funding, and the compatibility with HAHSTA's business model. HAHSTA reserves the right to change the mechanism by which it supports Ryan White programming at any time.

Eligible Applicants

The following organizations/entities are eligible to apply for grant funds under this RFA:

- Not-for-profit health and support service providers, including universities.
- Government-operated health facilities, which are located within and provide service in the designated service area.
- For-profit health and support service providers may be funded if evidence is provided that they are the only organization able to provide the service.

Location of Services

Awards specifically for services to residents of the District of Columbia must be located in the District of Columbia however; residents may receive services throughout the region.

Organizations may propose to provide services in an area of the EMA in which they have no service delivery site, but should take care to demonstrate that their particular proposed program offers clear and significant benefits and services that might otherwise be unavailable to clients living in the proposed service area. Those applicants should be sure to demonstrate their approach to reach the target population in the service delivery area outside their organization's jurisdiction.

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Applicants are responsible for documenting the availability of locations proposed and securing/maintaining all applicable assurances and certifications necessary to transact business in the jurisdiction where services will be offered.

II. Service Areas

This funding opportunity consists of the following four service areas:

Service Area Compendium	
1. District Service Categories	Funded by Ryan White Part A or B
2. Regional Medical Case Management	Funded by Part A
3. “Youth Reach” Youth of Color Ages 13-30	Part A MAI
4. Outreach Services	Part B MAI

Select service areas have designated geographic limitations attached to them. Any limitations associated with the compendium of service categories will be clearly defined. Applicants must include in their application the geographic location for the proposed services.

1. District Service Categories **(Core and Support Services)**

The service categories listed under this Service Area are intended to provide services exclusively to residents of the District of Columbia that are living with HIV. Applicants should use the schedule of available service categories that follow to design a proposed program. Applicants may apply for multiple service categories.

Please note that Medical Transportation and Linguistic Services are not intended to support a full program. They are only available for application in conjunction with an application to provide services under other service categories. Limited funds will be made available for awards that increase client access to other service categories.

Applicants must complete a work plan (Attachment C), identifying the proposed service category, goals and objectives, which should include the total number of clients to be served. The total number of clients to be served should be realistic and correlate to funding requested. For Core Services, applicants must provide evidence of Medicaid certification or application for certification.

Applicants must demonstrate the impact on the following service outcomes: a) linkage, engagement, and retention into medical care, and treatment adherence that ultimately leads to viral load suppression and b) how the program will document and report healthcare outcomes.

District Service Categories

➤ Core Medical Services

Category: Early Intervention Services (EIS)

Approximately \$640,000 in RWHAP funds will be available to fund up to five (5) providers in this service category.

Definition

Counseling individuals with respect to HIV; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV; periodic medical evaluations for individuals with HIV; and provision of therapeutic measures.

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service.

Early Intervention Services does not include general awareness or education efforts or broad-based testing.

Applicants may not receive awards for Outreach Services or Health Education/Risk Reduction if they are funded under EIS because EIS requires both service components.

Successful applicants must demonstrate their ability to identify clients for early intervention services. These outreach efforts must be provided through a source of funding other than RWHAP Parts A or B.

Key Activities must include the following four components:

1. Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV positive.
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts.

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- HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources.
- 2. Referral services to improve HIV care and treatment services at key points of entry.
- 3. Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care.
- 4. Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.

Applicants proposing to provide EIS must describe their proposed program components and detail how it will support the service category program activities. Proposal should include:

1. A detailed plan to move clients along the prevention to care continuum: early diagnosis, linkage to care and other services, offering of antiretroviral treatment, adherence to medication and medical care, retention in medical care, re-engagement in care and improved health outcomes;
2. A detailed and clear plan to ensure that clients from among the target populations are effectively linked with HIV primary medical care, medical case management, mental health and substance abuse services as appropriate;
3. A detailed and clear plan to provide intensive and focused services to these populations within the first 30 days of linking them to care to support retention and adherence to care;
4. A description of services to members of the identified target populations with HIV who are unaware of their HIV status and people with HIV who are aware of their HIV status but not enrolled in primary medical care; and
5. Formal agreements with organizations if the plan for delivering any required early intervention services relies on working cooperative with one or more other organizations, including identified point(s) of entry. Such agreements will outline respective responsibilities for engaging the client in care and methods of ongoing coordination.

Category: Medical Nutrition Therapy

Approximately \$130,000 in RWHAP funds will be available to fund up to three (3) providers this service category.

Definition

All services under this service category must be referred by a medical provider and based on nutritional plans developed by a registered dietician or other licensed nutrition professional. Medical nutrition therapy includes the provision of nutritional supplements and has the goal of developing healthy dietary regimens for people who are HIV positive and gives special consideration to the client's drug regimen. The provision of medical nutrition therapy can be

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provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services.

Key activities include:

1. Nutrition assessment and screening;
2. Dietary/nutrition evaluation;
3. Food and/or nutritional supplements per medical provider's recommendation; and
4. Nutrition education and/or counseling.

Applicants proposing to provide medical nutrition therapy must describe their proposed program components and detail how it will support the service category program activities. Proposal should include:

1. A description of services that include culturally appropriate nutrition education as well as referral to food assistance programs such as food stamps, the special supplemental food program for women, infants and children (WIC), the Commodity Supplemental Food Program, food banks, home delivered meals and emergency food;
2. A description of nutritional services that are integrated with outpatient HIV primary medical care programs and provide information regarding medication interactions and side effects;
3. Include a description of the population to be served, including how clients are identified and what linkages exist with primary care and case management providers; and
4. Provide baseline and targets of number of clients to be served, and with what frequency and duration should be specifically included.

Category: Home and Community Based Health Services

Approximately \$245,000 in RWHAP funds will be available to fund up to three (3) providers in this service category.

Definition

Home and community-based health services are provided in integrated settings designed to accommodate a client's needs, based on a written plan of care established by a licensed clinical provider.

Key activities include: (1) the provision of mental health, developmental, and rehabilitative services; (2) the provision of day treatment or other partial hospitalization services; (3) the provision of durable medical equipment; and (4) the provision of home health aide services and personal care services in the home.

Inpatient hospitals services, nursing home and other long-term care facilities are NOT included.

The applicant is responsible for providing medically related services that may include: medical rehabilitation services such as physical therapy, occupational therapy, and assistance to individuals with HIV-related visual impairments; mental health and substance abuse

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interventions, training in wellness and independent living skills, vocational, recreational, and support services.

The applicant is responsible for providing programs that operate from 8:00 a.m. to 5:00 p.m., five days per week. Clients may access day programs on a full-time or part-time basis.

Applicants proposing to provide home and community-based health services must describe their proposed program components and detail how it will support the service category program activities.

Special focus will be given to people who are homeless and to people with mental health and/or substance abuse diagnoses who may or may not have access to services on a daily basis.

Applicants proposing to provide home and community based care must describe their proposed program components and detail how it will support the service category program activities. Proposal should include:

1. Describe the methodology by which providers ensure clients are linked to, engaged and receiving regular and quality HIV medical care;
2. Detail the proposed strategies to ensure strong linkages to other care and support services;
3. Provide a description of hours of operation and why they are most appropriate for target population;
4. Describe the location and accessibility of services;
5. Detail the communication strategies to make other service providers aware of this service for referral of their clients; and
6. Provide baseline and proposed target numbers of clients served with which services, including duration of participation in these services, what the criteria are for the transition of clients out of the program and how transition out of these services is effectively supported.

Category: Medical Case Management

Approximately \$2,400,000 in RWHAP funds will be available to fund up to eleven (11) providers in this service category.

Definition

Medical Case Management (including treatment adherence) is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. An interdisciplinary team that includes other specialty care providers may prescribe activities. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication) that link clients with other services. The

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coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management must include the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV treatments.

The Planning Council will provide a new Medical Case Management Service Standard for implementation in the Washington EMA for Grant Year 27. It is anticipated that the new Service Standard will include as a requirement that Medical Case Managers be licensed as a Registered Nurse (RN) or Social Worker. Applicants should propose programs that are flexible to accommodate such a requirement.

Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan including active client participation; (3) a multi-disciplinary team approach to coordination of services required to implement the plan; (4) timely and coordinated access to medically appropriate levels of health and support services and continuity of care; (5) ongoing assessment of the client's and other key family members' needs and personal support systems; (6) treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; (7) client-specific advocacy and/or review of utilization of services; (8) continuous client monitoring to assess the efficacy of the care plan; and (9) re-evaluation and adaptation of the plan as necessary or a minimum of every 6 months over the life of the client's participation.

Applicants proposing to provide Medical Case Management services must describe their proposed program components and detail how it will support the service category program activities. Proposal should include:

1. Describe proposed program components and detail how they will lead to improved access to needed services;
2. Describe proposed "Treatment Adherence Support Policy" that defines the roles and responsibilities of the client and each staff position partnered in the care of the client (e.g. primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers);
3. Describe how staff will assess client enrollment in medical care, and, if the client is not receiving medical care, the strategies to ensure that the client receives medical care. Note: the plan should include strategies for new clients, as well as strategies to address the needs of clients that have fallen out of care;
4. Successful applicants will use the acuity scale developed by HAHSTA to assess the level of need by clients for medical case management. Following the current guidelines for HIV Medical Case Management services can be found at:
<http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/MCM%202ND%20EDITION%202014.pdf>;

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5. Describe efforts to retain, re-engage clients lost to care. This activity is meant to identify clients whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the client and encourage the client to resume services. Also included in this activity is any set of actions designed to identify the client in care at another site or service provider;
6. Provide a baseline assessment of total number of current clients, percentages of current clients on ART, and the subsequent percentages that have an undetectable viral load. Targets for compliance with care and for viral suppression for those on ART should be established and strategies to reach them from this baseline assessment should be included;
7. Describe how level of care is assessed and categorized, and how clients are moved from one level to another over time. Please provide data on existing clients (the number and percentages) at which levels of need. Describe techniques to maintain clients in care and to recapture those who have fallen out of care or been lost to follow-up; and
8. Detail the proposed strategy for supervision, quality improvement, and customer service. Describe what systems are implemented and with what frequency to evaluate quality and performance of case managers. Describe trainings or interventions provided to support quality improvement routinely and when deficiencies are identified. Quantify stability of case managers (what percentage of current case managers have been with the proposing organization 2 years or more) as well as retention strategies for case managers. Describe performance expectations for timeliness of return of client calls, timeliness and completeness of follow up on paperwork submission, etc.

District Service Categories

➤ Support Services

Category: Health Education/Risk Reduction

Approximately \$250,000 in RWHAP funds will be available to fund up to three (3) providers in this service category.

Definition

Health Education/Risk Reduction (HE/RR) is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status.

Key activities may include: (1) education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention; (2) education on health care coverage options (e.g., qualified health plans through the Marketplace,

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Medicaid coverage, Medicare coverage); (3) health literacy; and (4) treatment adherence education.

HE/RR services cannot be delivered anonymously.

Applicants may not apply for both HE/RR and EIS as HE/RR is a required element of EIS.

Applicants proposing to provide HE/RR services must describe their proposed program components and detail how they will support the service category program activities. Proposals should include:

1. Description of the HIV-related services complemented by HE/RR services, and the likely contribution of the addition of HE/RR services to improved health outcomes of the clients served;
2. Description of the population to be served by the HE/RR, including target number of clients, average frequency and duration of support; and
3. Role of HE/RR services in re-engaging clients who have been previously lost to care.

Category: Linguistic Services

Approximately \$54,000 in RWHAP funds will be available to fund providers as an add-on service.

Limited Application

In an effort to maximize service provision, the funding available under Linguistic Services is not intended to support an entire program, but is intended to supplement an agency's needs to better serve their target population. This service area is being funded as a limited, add-on service. This means that these funds are only available as an addition to other service categories and should not be the basis for any particular program. Awards under this area will be small, however, programs should request what is needed based on cost estimates. Organizations applying for Linguistic Services support should submit a program description that does not exceed two pages. A separate work plan is not required for this service category. Applicants should include program targets for Linguistic Services to the work plan of another Service Category.

Definition

Linguistics services include the provision of interpretation and translation services.

Key activities include: (1) providing interpreter and translation services by qualified linguistic service providers to assist limited English speaking individuals who need oral and written linguistic assistance in order to receive care, instructions, education and assistance in

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communication; and (2) collaborating with providers to help facilitate communication between the provider and client and/or support delivery of RWHAP-eligible services.

Services include American Sign Language and other language interpreters, voice relay, and tactile or oral assistance that comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Applicants proposing to provide linguistic services must describe their proposed program components and detail how it will support the service category program activities. Proposal should include:

1. Provide a description of the HIV-related services that will be value added through the provision of Linguistic Services, and the impact of Linguistic Services to the improvement of health outcomes of the clients served;
2. Describe the role of Linguistic Services in re-engaging clients who have been previously lost to care;
3. Describe how the program will ensure the provision of translators and interpreters with knowledge of HIV terminology and the technical language and knowledge of health care terms;
4. Describe the necessary and appropriate experience, skills, standards, licenses and certifications required by those individuals providing direct interpretation or translation services of medical information. Services provided under this service category will be performed by licensed and/or certified professionals. In the event that no license or certification is required within a given jurisdiction, the applicant will describe the standard to be applied when selecting an interpreter or translator;
5. Demonstrate the capacity to routinely provide or rapidly mobilize translation services in Spanish, Amharic, Chinese, French, Korean, and Vietnamese;
6. Demonstrate the capacity to routinely provide or rapidly mobilize American Sign Language interpretation; and
7. Provide a baseline and target of clients to be served, with a description of how clients are assessed or referred to services.

Category: Medical Transportation Services

Approximately \$30,000 in RWHAP funds will be available to fund providers as an add-on service.

Limited Application

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In an effort to maximize service provision, the funding available under Medical Transportation Services is not intended to support an entire program, but is intended to supplement an agency's needs to better serve their target population. This service area is being funded as a limited, add-on service. This means that these funds are only available as an addition to other service categories and should not be the basis for a stand-alone program. Awards under this area will be small, however, programs should request what is needed based on cost estimates. Organizations applying for Medical Transportation Services support should submit a program description that does not exceed two pages. A separate work plan is not required for this service category. Applicants should include program targets for Medical Transportation Services to the work plan of another Service Category.

Definition

Medical Transportation is the provision of non-emergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Key activities include: (1) providing transportation services to medical and support services appointments for non-Medicaid eligible clients with HIV; (2) utilizing leased vans with drivers, a taxi voucher system, SmarTrip® cards for Metrorail, Metrobus passes, disability commuter tickets, reimbursements for mileage and parking; and (3) providing appropriate modes of transportation for disabled persons living with HIV needing assistance or wheelchair accommodations.

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Voucher or token systems

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

Applicants proposing to provide medical transportation services must describe their proposed program components and detail how they will support the service category program activities. Proposal should include:

1. Describe the proposed program components and detail how it will support the service category program activities;
2. Describe how HIV-related services will be complemented by the medical transportation services, and the likely contribution of the addition of medical transportation services to improved health outcomes of the clients served;

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3. Describe the population to be served by the medical transportation services, including target number of clients, average frequency and duration of support;
4. Detail the method and approach for supporting transportation, such as direct provision, vouchers, or reimbursement. Proposal may include requests to support clinic transport services;
5. Describe the capacity to assess for and link clients to other District-wide transport options, to ensure that the full-range of low-cost, efficient transportation options are considered and used to address the medical transportation services needs of clients; and
6. Describe the role of the medical transportation services in re-engaging and recapturing clients who have been previously lost to follow up for care.

Category: Other Professional Services

Approximately \$13,000 in RWHAP funds will be available to fund one (1) provider in this service category.

Definition

Other professional services allow for the provision of professional and consultant services by licensed professionals. Services under this category include legal services and permanency planning services.

Attorneys providing services must be members of the State Bar Association or have the privilege of reciprocity.

Legal services exclude criminal defense and class-action suits, unless related to access to services eligible for funding under the RWHAP.

Legal Services

Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease.

Key activities of legal services under other professional services include: 1) assistance with public benefits such as Social Security Disability Insurance (SSDI); 2) interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP; and 3) preparation of healthcare power of attorney, durable powers of attorney, and living wills.

Permanency Planning

Permanency planning assists clients/families in making decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them.

Key activities of permanency planning under other professional services include 1) social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney and

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2) preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.

Applicants proposing to provide other professional services must describe their proposed program components and detail how it will support the service category program activities. Proposal should include:

1. Provide a baseline and target of clients to be served, with a description of how clients are assessed or referred to services.
2. Provide an estimate (targets) of the service needs of clients by category/topic.
3. Describe the communications or linkages plan that allows the provision of other professional services to serve as an entry point to accessing care when it becomes known that a client is not currently in care.

Category: Outreach Services

Approximately \$14,000 in RWHAP funds will be available to fund up to one (1) providers in this service category.

Definition

Outreach Services are activities that provide information to persons who do not know their HIV status that will lead to engagement in medical care. These services are conducted at times and in places where there is a high probability that individuals with HIV infection and/or exhibiting high-risk behavior.

Funds may not be used to pay for HIV counseling or testing under this service category.

Applicants may not apply for both Outreach Services and EIS as Outreach Services is a required element of EIS.

Key activities include: (1) identification of people who do not know their HIV status and linkage into Outpatient Ambulatory Health Services (OAHS); (2) provision of additional information and education on health care coverage options; and (3) re-engagement of people who know their status into OAHS.

Applicants proposing to provide outreach services must describe their proposed program components and detail how it will support the service category program activities. Proposal should include:

1. A description of services/ activities to be implemented in order to reach the target population;
2. A description of how identified barriers will be addressed to increase awareness, access, linkage and retention medical care and/or HIV-related programs

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3. A description of performance measures that demonstrate how the planned service objectives will contribute to the accomplishment of planned outcomes; and
4. Provide a baseline and target of clients to be served, with a description of how clients are assessed or referred to services.

Category: Psychosocial Support Services

Approximately \$360,000 in RWHAP funds will be available to fund up to five (5) providers in this service category.

Definition

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.

Psychosocial support services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. It includes nutrition counseling provided by a non-registered dietician, but excludes the provision of nutritional supplements.

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).

Funds may not be used for social/recreational activities or to pay for a client's gym membership.

Key activities include: (1) completion of a comprehensive psychosocial assessment and linking client with counseling services as needed; (2) HIV support group services led or co-led by peer-facilitators; (3) child abuse and neglect counseling; (4) bereavement counseling inclusive of spiritual support to persons with HIV; (5) pastoral care/counseling services; and (6) nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services)

Applicants proposing to provide psychosocial support services must describe their proposed program components and detail how it will support the service category program activities. Proposal should:

1. Describe the population to be served by psychosocial support services, include proposed client numbers, frequency, and duration of activities;
2. Provide a description of the types of psychosocial support services to be offered; and
3. Describe a plan to ensure that peer counselors are appropriately trained and prepared to provide peer counseling and are provided with regular clinical supervision.

2. Regional (EMA-Wide) Medical Case Management

Medical Case Management

Approximately \$1,150,000 million dollars in RWHAP funds will be available to fund up to five (5) providers in this service category.

Definition

Medical case management (including treatment adherence) is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. An interdisciplinary team that includes other specialty care providers may prescribe activities. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication) that link clients with other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV treatments.

The Planning Council will provide a new Medical Case Management Service Standard for implementation in the Washington EMA for Grant Year 27. It is anticipated that the new Service Standard will include as a requirement that Medical Case Managers be licensed as a Registered Nurse (RN) or Social Worker. Applicants should propose programs that are flexible enough to accommodate such a requirement.

Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan including active client participation; (3) a multi-disciplinary team approach to coordination of services required to implement the plan; (4) timely and coordinated access to medically appropriate levels of health and support services and continuity of care; (5) ongoing assessment of the client's and other key family members' needs and personal support systems; (6) treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; (7) client-specific advocacy and/or review of utilization of services; (8) continuous client monitoring to assess the efficacy of the care plan; and (9) re-evaluation and adaptation of the plan as necessary or a minimum of every 6 months over the life of the client's participation.

The Medical Case Management services supported under this funding opportunity are designed to complement the schedule of Service Categories that will be offered via Human Care Agreements. Those categories will provide services across the EMA. This Service Area will be

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open to programs that are designed to provide support and coordination to clients that may be accessing Ryan White services outside of their home jurisdiction.

Applicants proposing to provide Medical Case Management services must describe their proposed program components and detail how it will support the service category program activities. Proposals should include:

1. Proposed program components and detail how it will provide guidance and assistance in improving access to and delivery of needed services;
2. Proposed “Treatment Adherence Support Policy” that defines the roles and responsibilities of the client and each staff position partnered in the care of the client (e.g. primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers).
3. How staff will assess client enrollment in medical care, and, if the client is not receiving medical care the strategies to ensure that the client receives medical care. Note: The plan should include strategies for new clients, as well as strategies to address the needs of clients who have fallen out of care;
4. Successful applicants will use the acuity scale developed by HAHSTA to assess the level of need by clients for medical case management. Following the current guidelines for HIV MCM services can be found at <http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/MCM%202ND%20EDITION%202014.pdf>;
5. Describe efforts to retain and re-engage clients lost to care. This activity is intended to identify clients whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the client and encourage the client to resume services. Also included in this activity is any set of actions designed to identify the client in care at another site or service provider;
6. Provide a baseline assessment of total number of current clients, percentages of current clients are on ART, and subsequent percentages of clients with an undetectable viral load. Targets for compliance with care and for viral suppression for those on ART should be set and strategies to reach them from this baseline assessment should be included;
7. Describe how level of care is assessed and categorized, and how clients are moved from one level to another over time. Please provide data on existing clients (the number and percentages) at which levels of need. Describe techniques to maintain clients in care and to recapture those who have fallen out of care or been lost to follow-up; and
8. Detail the proposed strategy for supervision, quality improvement, and customer service. Describe what systems are implemented and with what frequency to evaluate quality and performance of case managers. Describe trainings or interventions provided to support quality improvement routinely and when deficiencies are identified. Quantify stability of case managers (what percentage of current case managers have been with the proposing

organization two years or more) as well as retention strategies for case managers. Describe performance expectations for timeliness of return of client calls, timeliness and completeness of follow up on paperwork submission, etc.

3. Part A Minority AIDS Initiative (MAI) Services

Overview:

The EMA MAI “Youth Reach” program is a targeted initiative geared towards serving the following target population and sub populations:

MAI Target Population

- *Youth of Color ages 13-30*

Inclusive Sub-populations:

- *African-American/Hispanic/Latino MSM*
- *African-American Heterosexual Men*
- *African-American/Hispanic/Latino Transgender Women*
- *African-American Women*

HAHSTA expects to award up to three programs for MAI services to residents of the District of Columbia for a total \$1,400,000 and estimated average award of \$460,000.

Listed in the sections below are the service categories available under this RFA for MAI services in the District of Columbia. All applicants must be located in the District of Columbia, and be able to provide services to eligible clients with limited English proficiency.

Applicants must submit a project description that includes a plan for the provision of the six service categories that comprise the MAI “Youth Reach” program. Of the six services identified below, successful applicants must offer the following services directly and on-site by the applicant organization: Early Intervention Services, Medical Case Management, Mental Health and Psychosocial Services. The remaining service categories may be provided on site or through formalized partnerships.

Core Service Categories

The required MAI “Youth Reach” Service Categories are:

- Outpatient/Ambulatory Health Services formerly Outpatient/Ambulatory Medical Care
- Medical Case Management
- Mental Health
- Substance Abuse Outpatient Care

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- Early Intervention Services

Support Service Categories

- Psychosocial Support Services

The plan for these funds is to support services designed to provide an intensive set of care and support services for high need young people. Applicants must develop a program budget that will support all six service categories. **When requesting funds, no less than 75% of the total funds can be requested for core services and no greater than 25% of the total funds can be requested.**

All proposals must detail how each client served will be re-assessed at a minimum of every six months for continued program eligibility and appropriateness with this intensive approach of service delivery.

Proposals should detail collaborations (through MOUs or shared funding arrangements) with organizations currently receiving HIV prevention, outreach and/or testing funding, provide seamless transition from prevention and testing programs into care, and offer a one stop shop with experienced, diverse, youth-serving staff providing mental health and substance abuse care, early intervention services, medical case management, and outpatient ambulatory health services.

Successful applicants will provide a detailed plan to promote the proposed program, which will have a name/identity distinct from existing RW programs, to attract youth/young adult persons living with HIV of color through social media, posters, apps, brochures, or word of mouth campaigns.

Applicants applying to provide services must demonstrate the provision of service delivery impact on the following health outcomes: a) facilitate linkage, engagement, and retention into medical care, and to support treatment adherence that ultimately leads to viral load suppression and b) how the program will document and report healthcare outcomes.

Applicants must provide a baseline assessment of total number of current clients, the percentages of current clients on ART, and of those what percentages have an undetectable viral load. Targets for compliance with care and for viral suppression for those on ART should be set and strategies to reach them from this baseline assessment should be included;

Part A MAI

➤ Core Medical Services

Category: Outpatient/Ambulatory Health Services

Definition

Outpatient/Ambulatory Health Services (OAHS) are diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.

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Outpatient medical settings include clinics, medical offices, and mobile vans where clients do not stay overnight. Emergency room or urgent care services are not considered outpatient settings. This includes, diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). See Attachment G for guidelines and definitions related to health outcomes.

Key activities include: (1) medical history taking; (2) physical examination; (3) diagnostic testing, including laboratory testing; (4) treatment and management of physical and behavioral health conditions; (5) behavioral risk assessment, subsequent counseling, and referral; (6) preventive care and screening; (7) pediatric developmental assessment; (8) prescription, and management of medication therapy; (9) treatment adherence; (10) education and counseling on health and prevention issues; and (11) referral to and provision of specialty care related to HIV diagnosis.

Applicants proposing to provide outpatient ambulatory health services must describe their proposed program components and detail how it will support the service category program activities. Proposals should include:

1. A description of an established a clinical management plan that, at a minimum, addresses confirming HIV status, completing medical assessments, and details developing individualized treatment plans;
2. A description of the agency's treatment triage plan that includes provisions for addressing any delay of access to primary medical care;
3. A description of the agency's "Treatment Adherence Support Policy" that defines the roles and responsibilities of the client and each staff position partnered in the care of the client (e.g. primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers);
4. The current approved protocol for outpatient/ambulatory medical care can be found at <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/0>. The guidelines are titled "Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents";
5. A description of the agency's proposed program components and demonstrate consistency with U.S. Public Health Service guidelines;
6. A description of the project implementation of Red Carpet Entry and retention as core activities of this service category. Red Carpet Entry into primary care is expected to ensure the ease of enrollment of new clients, and re-enrollment of returning clients. There are three criteria for being a Red Carpet Entry provider in DC: the commitment to providing

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appointments for newly diagnosed or previously diagnosed but out of care appointments within 72 hours of contact; a Red Carpet concierge that can be contacted to set up the appointment and navigate the client through the clinic system; and a phrase for these clients to use when they first arrive for services to ease their transition into care such as “I am here to see Dr. White” or “I am here for Red Carpet Services”. Recommended activities to facilitate implementation of this program are additional clinic hours and a dedicated Red Carpet Entry telephone line. All successful applicants will demonstrate their capacity and commitment to these activities.

7. A description of the agency’s Re-Engagement plan which may be included as a service activity in the service categories ambulatory outpatient medical care, mental health, substance abuse and medical case management. This activity is meant to identify clients whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the client and encourage the client to resume services. Also included in this activity is any set of actions designed to identify the client in care at another site or service provider; and
8. A description of how clients will have regular and routine access to the services of a psychiatric provider that is able to prescribe psychotropic medications to those for whom it is clinically indicated
9. A description of previous experience providing OAHS services, to include a description of the planned continuum of care for the target population.

Category: Early Intervention Services

For the purpose of this of this RFA, EIS will emphasize ensuring the movement of clients along the prevention to care continuum – specifically ensuring retention in care and improved health outcomes. These services will be targeted to vulnerable populations either at very high risk of HIV infection or with demonstrated high rates of HIV prevalence or poor engagement in care or at increased risk of loss to care.

Applicants proposing to provide EIS are required to utilize the Anti-Retroviral Treatment and Access to Services (ARTAS) intervention. ARTAS is an individual-level, multi-session, time-limited intervention with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving their positive test result. ARTAS is based on the Strengths-based Case Management (SBCM) model, which is rooted in Social Cognitive Theory (particularly self-efficacy) and Humanistic Psychology. SBCM is a model that encourages the client to identify and use personal strengths; create goals for himself/herself; and establish an effective, working relationship with the Linkage Coordinator. ARTAS Goals:

- Help the client overcome barriers to being linked to medical care.
- Build a trusting, effective relationship between client and the Linkage Coordinator.
- Facilitate the client's ability to create an action plan for being linked to medical care.

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<https://effectiveinterventions.cdc.gov/en/highimpactprevention/publichealthstrategies/ARTAS.aspx>

Definition

Counseling individuals with respect to HIV; testing (including tests to confirm the presence of the disease, to diagnose the extent of immune deficiency, and to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV; periodic medical evaluations for individuals with HIV; and provision of therapeutic measures.

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service.

EIS does not include general awareness or education efforts or broad based testing.

Successful applicants must demonstrate their ability to identify Youth of Color for early intervention services.

Key activities must include the following four components:

1. Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if diagnosed with HIV.
 - **HIV testing efforts must be provided through a source of funding other than RWHAP Parts A or B.**
2. Referral services to improve HIV care and treatment services at key points of entry.
3. Access and linkage to HIV care and treatment services such as Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care.
4. Outreach Services and Health Education/Risk Reduction related to HIV diagnosis that will provide outreach and education services to increase linkage to primary care and supportive services for youth of color between the ages of (13-30) not engaged in care and have not been in primary care for six or more months.

Key minority populations include and are limited to: *Youth of Color ages 13-30 and the inclusive sub-populations of (1) African-American/Hispanic/Latino MSM; (2) African-American Heterosexual Men; (3) African-American/Hispanic/Latino Transgender Women; and (4) African-American Women.*

Applicants proposing to provide EIS must describe their proposed program components and detail how it will support the service category program activities. Proposals should include:

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1. A detailed and clear plan to move clients along the prevention to care continuum: early diagnosis, linkage to care and other services, offering of antiretroviral treatment, adherence to medication and medical care, retention in medical care, re-engagement in care and improved health outcomes;
2. A detailed and clear plan to ensure that clients from among the target populations are effectively linked with HIV primary medical care, medical case management, mental health and substance abuse services as appropriate;
3. A description of services/activities to be implemented with the use of community health workers as patient navigators in order to reach the target population;
4. A description of how identified barriers will be addressed to increase linkage to primary care and supportive services for the target population not engaged in care and have not been in primary care for six or more months.
5. A description of performance measures that demonstrate how the planned service objectives will contribute to the accomplishment of planned outcomes;
6. A description of how the ARTAS intervention will be utilized to serve the target population and any prior use of the ARTAS intervention as applicable;
7. A detailed plan to ensure program managers will be trained on all components of the ARTAS intervention; and
8. Formal agreements with organizations if the plan for delivering any required early intervention services relies on working cooperative with one or more other organizations, including identified point(s) of entry. Such agreements will outline respective responsibilities for engaging the client in care and methods of ongoing coordination.

Category: Mental Health Services

Definition

Mental health services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state/jurisdiction to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Mental health services are allowable only for persons living with HIV.

Applicants may not use interpreters in sessions with non-English speaking clients and must demonstrate linkages with culturally and linguistically competent substance abuse counselors and mental health professionals.

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Key activities include: (1) initial evaluation; (2) individual, couple, and group psychotherapy; (3) psychiatric, psychological, and/or neuro-psychological assessments; (4) treatment planning and monitoring; (5) psychiatric medications; (6) may include professionally facilitated support groups as well as spiritual and bereavement counseling; and (7) participation on a multidisciplinary team.

The mental health services supported in this service category are those services that meet the criteria of those that are reimbursable by Medicaid. All mental health services will be provided by individuals with the necessary credentials and licenses required for Medicaid reimbursement. <http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterID=215842>

Applicants proposing to provide mental health services must describe their proposed program components and detail how it will support the service category program activities. Proposal should include:

1. A description of how outpatient mental health services will be provided including diagnostic and treatment services to ensure a continuum of mental health services for persons living with HIV with an emphasis on those persons who are dually or triply diagnosed with HIV and mental illness and/or substance abuse;
2. A description of how clients will have routine access to the services of a licensed psychiatric provider, to include a nurse practitioner, that is able to prescribe psychotropic medications to those for whom it is clinically indicated;
3. A description of how clients will have routine access to the services of a licensed psychologist or licensed therapist;
4. A description of how clients will be screened and further assessed (using the Global Appraisal of Individual Needs or GAIN Short Screener or another instrument) for mental health services;
5. A description of how culturally and linguistically competent mental health professionals for individual psychotherapy sessions with non-English speaking clients will be made available either through linkage or direct provision;
6. A description of strategies to ensure joint medical management with HIV primary care, substance abuse, and case management providers, including any routine communications or case conferences; this includes specific attention to understanding the medical management needs of clients with regards to ART adherence and viral suppression when applicable, as well as ensuring that primary medical providers are aware of mental health treatment plan. Barriers to such joint medical management should be clearly described and solutions proposed. Linkages with specific providers should be clearly detailed.
7. A description of the agency's Retention and Re-Engagement plan which may be included as a service activity in the service categories ambulatory outpatient medical care, mental health, substance abuse and medical case management. This activity is meant to identify clients whose ongoing treatment plan has lapsed for reasons unknown to the service

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provider, and support activities designed to contact the client and encourage the client to resume services. Also included in this activity is any set of actions designed to identify the client in care at another site or service provider;

8. Current and proposed strategy to support retention in mental health and care services. This should include current loss to care rate, tracking, reminder, and support system to minimize no-show rate and most of all minimize loss to follow-up. Retention and no-show rates for scheduled appointments should be provided as baseline and targets.
9. A certification from the DC Department of Behavioral Health to provide and seek reimbursement for services. Proposals from agencies that are not certified by the Department of Behavioral Health should indicate their plan and time line to secure certification. Describe Medicaid certification for mental health services;
10. A description of current and proposed strategies to include core HIV prevention and harm reduction messages in routine care services. This should include any plans to routinely provide: risk screening and counseling; condoms and other safer sex products; linkages to prevention-for-positive programs; services geared towards compulsive behaviors; provision of or linkages to harm reduction programs such as needle exchange services if appropriate; and consideration of emphasize on ART compliance and viral suppression as a risk reduction strategy; and
11. Following the current guidelines for mental health services found at <http://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf>

Category: Substance Abuse Outpatient Care

Definition

Substance abuse outpatient care is the provision of outpatient services for the treatment of drug or alcohol use disorders (i.e., alcohol, and or legal and illegal drugs, injection drugs and non-injection drugs) provided in an outpatient setting rendered by a physician or under the direct supervisor of a physician, or by other identified qualified personnel.

Key activities include: (1) screening; (2) assessment; (3) diagnosis; and/or (4) treatment of substance use disorder, including: pre-treatment/recovery readiness programs; harm reduction; behavioral health counseling associated with substance use disorder; outpatient drug-free treatment and counseling; medication assisted therapy; neuro-psychiatric pharmaceuticals; and relapse prevention.

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan.

Applicants may not use interpreters in sessions with non-English speaking clients and must demonstrate linkages with culturally and linguistically competent substance abuse counselors and mental health professionals.

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Applicants proposing to provide substance abuse outpatient care must describe their proposed program components and detail how it will support the service category program activities. Proposal should include:

1. A description of current and proposed strategies to support ART readiness for those not on treatment and ART adherence and treatment outcomes for those currently on treatment; Clients with current or recent substance use often face unique challenges with medical providers in ART initiation, and often suffer from low treatment expectations of providers and occasionally themselves.
2. A description of strategies for skills-building with clients to demonstrate stability and reliability to providers to overcome misperceptions—this may include regular attendance with medical appointments/focus on eliminating no-shows;
3. A description of strategies for routinely reviewing documented viral load outcomes with clients on ART to provide specific feedback and support for successful outcomes;
4. A description of how behavior change models with a focus on reshaping sexual behaviors and substance use will be implemented.
5. A description of strategies to ensure joint medical management with HIV primary care, mental health, and case management providers; This includes specific attention to understanding the support needs of clients with regards to ART adherence and viral suppression when applicable, as well as ensuring that primary medical providers are aware of substance use issues and progress when applicable. Barriers to such joint medical management should be clearly described and solutions proposed. Linkages with specific providers should be clearly detailed.
6. A description of how services will be developed and implemented for dually diagnosed clients (substance abuse and HIV) delivered by Certified Supervised Counselors (CSC-AD) or Certified Associate Counselors (CAC-AD) under the supervision of Certified Professional Counselors – Alcohol and Drugs (CPC-AD), or under the supervision of Licensed Clinical Professional Alcohol and Drug Counselors (LCPC); or delivered by CPC-AD or LCPC;
7. A description of the agency's Retention and Re-Engagement plan which may be included as a service activity in the service categories ambulatory outpatient medical care, mental health, substance abuse and medical case management. This activity is meant to identify clients whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the client and encourage the client to resume services. Also included in this activity is any set of actions designed to identify the client in care at another site or service provider;
8. The substance abuse services supported in this service category are those services that are reimbursable by Medicaid. All substance abuse services will be provided by individuals with the necessary credentials and licenses required for Medicaid reimbursement.

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9. Current and projected ability to gain access to and retain clients in care. Define baseline number and targets for clients served, measures of success, retention in services, and frequency and duration of services. Describe strategies to ‘recapture’ past clients who have been lost to follow up.
10. A description of the agency’s harm reduction strategies that incorporate a spectrum of safer use, of drugs to managed use with the goal of abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.
11. A description of the agency’s current and proposed use of the Department of Behavioral Health’s approved substance abuse assessment tools: GAIN (targeted for youth assessment, official certification available) and ASI (Addiction Severity Index). Agencies that are not currently using the Department of Behavioral Health-recommended tools should include a plan and timeline for adopting them or explain thoroughly why they are not applicable to the proposed services. Any additional standardized tools routinely used for assessment and monitoring should be described; and
12. A description of the agency’s current and proposed strategies to include core prevention and harm reduction messages in routine care services. This should include: risk analysis and perception; provision of condoms and other safer sex products; linkages to prevention-for-positive programs for those with need; linkages to services and peer support interventions for persons with compulsive behaviors; provision of or linkages to harm reduction programs such as needle exchange services if applicable; and consideration of emphasize on ART compliance and viral suppression as a risk reduction strategy.

Category: Medical Case Management

Definition

Medical case management (including treatment adherence) is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. An interdisciplinary team that includes other specialty care providers may prescribe activities. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication) that link clients with other services. The coordination and follow-up of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client’s and other key family members’ needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV treatments.

Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan including active client participation; (3) a multi-disciplinary team approach to coordination of services required to implement the plan; (4) timely and coordinated access to medically appropriate levels of health and support services and continuity of care; (5) ongoing assessment of the client’s and other key family members’ needs

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and personal support systems; (6) treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; (7) client-specific advocacy and/or review of utilization of services; (8) continuous client monitoring to assess the efficacy of the care plan; and (9) re-evaluation and adaptation of the plan as necessary or a minimum of every 6 months over the life of the client.

Applicants providing medical case management must describe their “Treatment Adherence Support Policy” that defines the roles and responsibilities of the client and each staff position partnered in the care of the client (e.g. primary care providers, case managers, nutritionists, mental health professionals, substance abuse counselors, and other staff or volunteers).

Applicants proposing to provide medical case management services must describe their proposed program components and detail how it will support the service category program activities. Proposals should include:

1. Describe their proposed program components and detail how it will provide guidance and assistance in improving access to needed services;
2. Describe how staff will assess client engagement in medical care, and, if the client is not receiving medical care the strategies to ensure that the client receives medical care. Note: The plan should include strategies for new clients, as well as strategies to address the needs of clients who have fallen out of care;
3. Successful applicants will use the acuity scale developed by HAHSTA to assess the level of need by clients for medical case management. Following the current guidelines for HIV medical case management services can be found at:
http://doh.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/administration_offices/hiv_aids/pdf/mcm_march_19.pdf;
4. Describe efforts to retain and re-engage clients lost to care. This activity is expected to identify clients whose ongoing treatment plan has lapsed for reasons unknown to the service provider, and support activities designed to contact the client and encourage the client to resume services. Also included in this activity is any set of actions designed to identify the client in care at another site or service provider;
5. Describe how level of care is assessed and categorized, and how clients are moved from one level to another over time. Please provide data on existing clients (the number and percentages) at which levels of need. Describe techniques to maintain clients in care and to recapture those who have fallen out of care or been lost to follow-up; and
6. Detail the proposed strategy for supervision, quality improvement, and customer service. Describe what systems are implemented and with what frequency to evaluate quality and performance of case managers. Describe trainings or interventions provided to support quality improvement routinely and when deficiencies are identified. Quantify stability of case managers (what percentage of current case managers have been with the proposing

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organization 2 years or more) as well as retention strategies for case managers. Describe performance expectations for timeliness of return of client calls, timeliness and completeness of follow up on paperwork submission, etc.

Part A MAI Services

➤ **Support Services**

Category: Psychosocial Support Services

Peer Navigation. Newly-diagnosed people with HIV are frequently challenged by the unfamiliarity and complexity of the services available and may be overwhelmed by trying to learn the system of services. A peer support model can improve the ability of clients to understand the service systems and to consume service more effectively. This is a ‘learning the ropes’ model of peer support, and should include focus on skills-building for self-advocacy for a lifetime of care.

Definition

Psychosocial support services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns.

Psychosocial support services are the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. It includes nutrition counseling provided by a non-registered dietician, but excludes the provision of nutritional supplements.

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).

Funds may not be used for social/recreational activities or to pay for a client’s gym membership.

Key activities include: (1) completion of a comprehensive psychosocial assessment and linking client with counseling services as needed; (2) HIV support group services led or co-led by peer-facilitators; (3) child abuse and neglect counseling; (4) bereavement counseling inclusive of spiritual support to persons with HIV; (5) pastoral care/counseling services; and (6) nutrition counseling provided by a non-registered dietitian (*see* Medical Nutrition Therapy Services).

Applications must clearly indicate the type of psychosocial services to be offered and state how these services will facilitate the movement of clients along the prevention to care continuum: early diagnosis, linkage to care and other services, offering of antiretroviral treatment, adherence to medication and medical care, retention in medical care, re-engagement in care and improved health outcomes.

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Applicants proposing to provide psychosocial support services must describe their proposed program components and detail how it will support the service category program activities. Proposals should include:

4. Describe the population to be served by psychosocial support services, include proposed client numbers, frequency, and duration of activities; and
5. Describe a plan to ensure that peer counselors are appropriately trained and prepared to provide peer counseling and are provided with regular clinical supervision.

4. Part B MAI Outreach Services

Approximately \$200,000 in RWHAP funds will be available to fund up to one (1) provider in this service category.

The MAI Outreach Services program is designed to provide outreach and education services to increase minority participation in the RWHAP Part B AIDS Drug Assistance Program (ADAP) and other medication assistance programs.

Key minority populations include but are not limited to: African, Latino/Hispanic, Asian, Arab-origin and Hearing Impaired.

Definition

Outreach Services are conducted at times and in places where there is a high probability that individuals with HIV and/or exhibiting high-risk behavior. The services are designed to provide quantified program reporting of activities and outcomes to assist minority participation in the RWHAP Part B ADAP, other medication assistance programs, and all suitable RWHAP services.

Funds may not be used to pay for HIV counseling or testing under this service category.

Key activities include: (1) identification of eligible individuals in need of ADAP and other medication assistance programs; (2) provision of additional information and education on health care coverage options; and (3) retention of people who know their status into ADAP services.

Planned outcomes for MAI outreach services include:

1. Increase the number of minority individuals accessing ADAP and other medication assistance programs;
2. Increase the number of minority individuals retained in the ADAP and other medication assistance programs;
3. Increase the number of minority individuals linked to the ADAP and other medication assistance programs;

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Applicants proposing to provide outreach services must describe their proposed program components and detail how it will support the service category program activities. Proposal should include:

1. A description of services/ activities to be implemented in order to reach the target population;
2. A description of how identified barriers will be addressed to increase access, linkage and retention to ADAP and other medication assistance programs
3. A description of performance measures that demonstrate how the planned service objectives will contribute to the accomplishment of planned outcomes; and
4. Provide a baseline and target of clients to be served, with a description of how clients are assessed or referred to services.

III. General Requirements -- All Services

Items 1-6 below describe requirements that all applicants must meet regardless of which services they propose to provide. Applicants should reference how they will accomplish these requirements in the Program Description of each service application.

1. Program Goal

Applicants applying to provide services must demonstrate the provision of service delivery impact on the following health outcomes: a) facilitate linkage, engagement, and retention into medical care, and to support treatment adherence that ultimately leads to viral load suppression and b) how the program will document and report healthcare outcomes.

2. Referral Sources

The applicant is responsible for accepting referrals from hospitals, HIV counseling and testing centers, physicians, community organizations, HIV service providers, and discharge planners in the correctional system, as well as from individuals seeking services for themselves or on behalf of others.

3. Coordination among Agencies

The applicant is responsible for developing linkage agreements with shelters, congregate living facilities, community residential facilities (CRFs), day treatment facilities including, primary care sites, skilled nursing facilities, personal care services, and other potential referral sources for persons living with HIV seeking care.

4. Staff Cultural Competency

The applicant is responsible for employing culturally competent staff that reflects the racial, ethnic, sexual orientation, gender and linguistic background of the client population(s) the applicant expects to serve.

5. RWHAP as Payer of Last Resort

RWHAP funds are always the payer of last resort. RWHAP funds cannot be used to pay for services reimbursable by private insurance, Medicaid, Medicare, or any other federal, state or local services/programs.

6. Preparation of Project Work Plan, Budget and Budget Narrative Justification

Applicants are reminded to prepare a work plan for each proposed service category, a budget for each proposed service category, and a budget justification for each proposed service category.

IV. Monitoring, Evaluation & Quality Improvement

Successful applicants shall have a plan for Evaluation, Monitoring and Quality Improvement that includes a continuous quality improvement system and an implementation work plan to monitor and evaluate the delivery of all services, to ensure that identified deficiencies are addressed.

Successful applicants shall develop and implement policies and procedures to evaluate the accuracy of data collection and reporting.

Successful applicants shall adhere to all current and newly revised standards and protocols as they become effective. The Planning Council is in the process of revising the Service Standards for the EMA's funded service categories.

As of the release of this RFA, Health Resources and Services Administration's (HRSA) policy clarification notice 16-02 is the most recent description of Ryan White HIV/AIDS Program Services, which includes eligible individuals and allowable uses of funds. It can be found at: <http://hab.hrsa.gov/sites/default/files/hab/landscape-webinars/020316servicecategorieswebinar.pdf>. For the purposes of this RFA, specific information regarding the service category standards is listed in each corresponding service category.

a) National Monitoring Standards

All successful applicants are required to meet all responsibilities outlined in the National Monitoring Standard expectations for fiscal, programmatic and universal monitoring of Part A programs. Any sub-grantee found to be non-compliant with the standards at any time, will be

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held responsible and required by the District of Columbia to restore any damages and costs associated with grantee non-compliance. Please see the following website for more information:

<http://hab.hrsa.gov/manageyourgrant/granteebasics.html>.

b) Monitoring

a. Successful applicants will be monitored and evaluated in each jurisdiction by HAHSTA according to the scope of work, approved budgets and related service delivery standards.

b. Successful applicants will be responsible for assuring that all clients receiving services provided through funds detailed in this RFA should sign the appropriate written consent forms.

c. Successful applicants will have all written policies and procedures applicable to the project, as well as monthly, quarterly, annual program and fiscal reports reviewed by HAHSTA. HAHSTA will conduct site inspections; and hold periodic conferences with the successful applicant to assess performance in meeting the requirements of the grant.

c) Evaluation

The performance of successful applicants shall be assessed to determine the quality of the services delivered. The successful applicants' fiscal performance shall be assessed to determine compliance with accounting standards, Office of Management and Budget Circulars and expenditure requirements. These evaluations will include a pre-award site visit.

d) Quality Management

HRSA's expectation of Ryan White Program grantees with respect to improving the quality of care and establishing quality management programs may be found online at:

<http://hab.hrsa.gov/deliverhivaidscore/qualitycare.html>.

HRSA guidance in selecting the appropriate service- and client-level performance measures is also available online at:

<http://hab.hrsa.gov/deliverhivaidscore/habperformmeasures.html>; and <https://careacttarget.org>.

Successful applicants are also required to meet local quality management standards and participate in local quality management activities as directed by HAHSTA.

Data Collection and Reporting

Successful applicants must be able to track and report unduplicated client-level demographic, clinical/medical, and core and support services data. CAREWare is a HRSA-supported software program at no cost with technical assistance available. All successful applicants will be required

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to use CAREWare, or a system that is compatible with CAREWare, to report client-level data. Training and technical assistance on the use and submission of data via CAREWare will be available.

Information about CAREWare, included download instructions, can be obtained at:

<http://hab.hrsa.gov/manageyourgrant/careware.html>.

All providers will be required to submit timely and accurate CAREWare data files to meet reporting requirements, including the Ryan White Services Report (RSR). All providers will be required to collaborate with and share clinical and service information for the purpose of coordinating care. Failure to comply with data requirements can result in the termination of an agency's grant with the District of Columbia government.

For coordination of care and services purposes, each awardee must have the ability to exchange relevant data with each partner agency, as applicable. All data exchanges must be secure, consistent with client disclosure authorization protocols as determined by all local and federal laws, including the Health Information Portability and Accountability Act (HIPAA).

V. Program and Administrative Requirements

Program Requirements

1. Nondiscrimination in the Delivery of Services

In accordance with Title VI of the Civil Rights Act of 1964, as amended, no person shall, on the grounds of race, color, religion, nationality, sex, or political opinion, be denied the benefits of, or be subjected to discrimination under, any service funded by the RWHAP.

2. Client Eligibility Criteria

The following criteria must be used by service providers to determine client eligibility for services:

- a. Be a resident of the Eligible Metropolitan Area
- b. Be HIV positive; and
- c. Have an annual gross income no greater than 500% of the Federal Poverty Guidelines.

3. Grievances

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- a. Successful applicants shall develop and implement an agency grievance procedure that is sensitive to the needs of the target population. Successful applicants must include a copy of their internal client grievance procedures prior to signing for the grant award.
- b. Successful applicants shall inform clients of their rights and responsibilities, agency and EMA-wide grievance procedures, and services offered by the agency and other available community and RWHAP funded resources.

4. Sliding Fee Scale and Cap on Charges

Successful applicants will develop a sliding fee scale for clients accessing services through RWHAP Part A. The scale will be based on the most current Federal Poverty Guidelines. Clients with an income less than or equal to 200% of the most current Federal Poverty Guidelines will not pay a fee for the provision of service. Sub-grantees will develop and post the sliding fee scale so that it is visible to clients and the general public.

The sliding fee scale will be implemented however; the RWHAP does not require collection of the fee charged to clients. Grantees shall make attempts to collect client fees and document those attempts however; clients may not be referred to collection agencies for non-payment of fees.

Ryan White services may not be denied to any eligible HIV-positive client seeking services.

All Sliding Fee Scale Policies are subject to review and approval by HAHSTA.

5. Reports

Successful applicants will be required to submit monthly, quarterly, annual and final reports to HAHSTA, to house and manage a client-level data system (CAREWare – See Data Collection and Reporting above), and to participate in all site visits, evaluation and quality assurance activities as required by HAHSTA. All reports contain required information in the format determined by HAHSTA. Reports may include the following:

6. Service Utilization by Service Category
7. Performance Measures / Quality Improvement
8. Client Demographics
9. Ryan White Services Report (RSR)
10. Programmatic Narrative Information
11. Financial Expenditure and Supporting Documentation
12. Program Income

6. Records

- a. Successful applicants shall keep accurate documentation of all activities of the project. When delivering services to clients, the awardees must maintain records reflecting initial and periodic

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assessments (if appropriate), eligibility assessments every six months, initial and periodic service plans; and the ongoing progress of each client.

b. Successful applicants shall maintain compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure the confidentiality and security of client information.

Administrative Requirements

1. Staff Requirements

For the purposes of this grant, “staff” is defined as any individual employee, individual consultant or individual contracted worker that receives compensation through these Local appropriated funds.

a. Successful applicants shall maintain documentation that staff possess adequate training and competence to perform the duties which they have been assigned.

b. Successful applicants shall maintain a complete written job descriptions for all positions funded through the grant, which must be included in the project files and be available for inspection on request. When hiring staff for this grant project, successful applicants shall obtain written documentation of relevant work experience and personal references.

c. Successful applicants that use individual contracted workers and or individual consultants must have signed and dated written contractual agreements maintained in a contract file.

d. Successful applicants shall maintain an individual personnel file for each project staff member. Personnel files must be available to the HAHSTA upon request;

e. Successful applicants shall provide orientation sessions for each staff member with respect to administrative procedures, program goals, and policies and practices to be adhered to under the grant agreement.

f. Successful applicants shall demonstrate sufficient supervision of staff attached to projects and maintain evidence of continuing education opportunities to keep staff informed of new developments regarding the provision of HIV/AIDS health care and support services.

2. Memoranda of Understanding/Agreement (MOU/A) and Subcontracts

a. MOU and subcontracts must clearly state objectives, goals, mutual obligations and quantifiable outcomes that are consistent with the terms and conditions required by HAHSTA. See Appendix for sample of a MOU/A.

b. All MOU/A and subcontracts must be signed and dated by both parties within six months prior to the application due date and include an effective term that reflects FY 2017 grant period, that is, through September 30, 2017.

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c. All proposed MOU/A and subcontracts for the “Youth Reach” MAI cluster will require prior review and approval by HAHSTA.

3. Facility Requirements

a. Regulations

Successful applicants' facilities used during the performance of the grant agreement shall meet all applicable federal, state, and local regulations for their intended use throughout the term of the grant agreement.

b. Emergency Back-up Site

Successful applicants shall submit the address of the identified emergency site facility for use as a result of a catastrophic event of the primary facility.

c. Handicapped Access

All facilities offered for the provision of services must be accessible to persons with mobility limitations, consistent with the Rehabilitation of the Handicapped Act of 1990, Public Law Section 95-602 (Section 504) and the Americans with Disabilities Act, as appropriate.

4. Use of Funds

Funds detailed in this RFA cannot be used to provide cash and/or direct financial assistance to individuals with HIV disease or to fund education and training for clients.

5. Insurance

Successful applicants shall show proof of all insurance coverage required by law. All applicants that receive a Notice of Intent to Fund under this RFA must meet the insurance requirements in “Grant Terms & Conditions” section within the time frame designated.

6. Audits

Prior to the issuance of a Notice of Grant Award (i.e. Pre-Award), DOH will request that the applicant being considered for funding submit for review a copy of its most recent and complete set of audited or unaudited financial statements (applying the A-133 audit requirement), to include, but not limited to, the organizational budget, income/profit-loss statement, balance sheet and organizational filings to the IRS dating back to 3 years.

At any time before final payment and in accordance to federal, state and local laws thereafter, successful applicants will be required to keep all financial records, as the District of Columbia may have the applicant’s expenditure statements and source documentation audited.

VI. Pre-Application Requirements

Pre-application Conference

One Pre-Application Conference will be held for services to be funded under this RFA. It will be held on **November 15, 2016** from 1:00 to 3:00 pm in room 407 of HAHSTA, located at 899 North Capitol Street, NE, 4th Floor, Washington, DC 20002.

Printed copies of the RFA will *not* be provided. Please bring a copy of the RFA for your use during the conference.

The pre-application conference will provide an overview of the programmatic requirements. Additionally, there will be a 30 minute presentation on EGMS, the new electronic application submission process and an overview of the review process being employed for this RFA.

Internet

Applicants who received this RFA via the Internet must e-mail HAHSTA at RW2017RFA@dc.gov with the information listed below. Please be sure to put “RFA Contact Information” in the subject box, including the following information:

- Name of Organization
- Key Contact Person
- Mailing Address
- Telephone and Fax Number
- E-mail Address

This information shall be used to notify applicants regarding updates or addenda to this RFA. Any RFA amendments will be posted on the DC Grants Clearinghouse at www.opgs.dc.gov.

Notice of Intent to Apply

A notice of intent to apply (NOI) *is required* for consideration under this funding announcement. The applicant should deliver the notice of intent to the HAHSTA using the format provided in Attachment E, no later than 6:00pm on **Monday, November 21, 2016**. Please submit only one NOI per organization. Email submission of the NOI is acceptable via RW2017RFA@dc.gov. Additionally, NOI will be accepted at the Pre-Application Conference.

Questions Regarding the RFA

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Applicants who have questions about the RFA must submit their questions via e-mail to RW2017RFA@dc.gov no later than **Friday, November 18, 2016 at 6:00pm.**

HAHSTA will notify all potential applicants in writing of any updates, addenda and responses to frequently asked questions by **Monday, November 28, 2016.**

VII. Application Preparation and Submission

A Application Format

- a. Font size: 12-point Times New Roman
- b. Spacing: Double-spaced
- c. Paper size: 8.5 by 11 inches
- d. Page margin size: 1 inch
- e. Numbering: Sequentially from page 1 to the end of the application, including all charts, figures, tables, and Attachments.

B Application Elements

Each application is required to contain the following components. Certain application items will be entered directly into EGMS, while others will be uploaded into EGMS as attachments e.g. program description. Applications must conform to the page requirements by section detailed below. Note that the Attachment B: Linkages Summary is a critical component of the application and will be taken into account during the scoring of all related areas.

An application package includes the following elements:

- 1. Table of Contents (Not counted in page total.)
- 2. Organization Knowledge and Capacity (1 page maximum)
- 3. Project Description (5 pages **maximum** per service category)
- 4. Linkages Summary (Attachment B. Not counted in page total.)
- 5. Work plan (Required for each Service Category, except Linguistic Services and Medical Transportation Services. Attachment C. Not counted in page total.)
- 6. Categorical Budget and Budget Narrative (Required for each Service Category, except Linguistic Services and Medical Transportation Services. Attachment D. Not counted in page total.)
- 7. Federal, District and DOH Statements of Assurances and Certifications (Reviewed and Accepted via EGMS)
- 8. Mandatory Disclosures (Reviewed, Completed and Submitted via EGMS)

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9. DOH Standard Grant Terms and Conditions (Reviewed and Accepted via EGMS)
10. Mandatory Certification Documents* (Not counted in page total. Scan and upload ONE pdf file containing all of the following business documents required for submission:)
 - a. A current business license, registration, or certificate to transact business in the relevant jurisdiction
 - b. 501(c)(3) certification (for non-profit organizations)
 - c. City Wide Clean Hands Compliance Status Letter (formerly Certificate of Clean Hands)
 - d. Official list of Board of Directors on letterhead and signed by the authorized executive of the applicant organization
 - e. Medicaid Certification, if applicable
11. Additional attachments, as applicable (Not counted in page total)
 - a. Applicant Profile
 - b. Notice of Intent to Apply
 - c. Medicaid Certification

The number of pages designated above represents the **maximum number of pages permitted per section**. Applications exceeding the maximum number of pages for each section ***will not be forwarded for review***.

C Description of Application Elements

Applicants should include all information needed to describe adequately and succinctly the services they propose to provide. It is important that applications reflect continuity among the program design and activities, and that the budget supports the level of effort required for the proposed services.

- 1) **Table of Contents** - Lists major sections of the application with quick reference page indexing. Failure to include an accurate Table of Contents may result in the application not being reviewed fully or completely.
- 2) **Organizational Background and Capacity**
 - Description of the history of the agency, specifically, the history in providing services to People Living with HIV/AIDS (PLWHA) in the DC EMA. If the applicant has not provided services to PLWHA in the past, describe why it is proposing to serve this population.

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- Level of organization's competence in the provision of the services for which funding is requested including relevant experience and expertise of key management and front-line staff.

3) Project Description - The purpose of this section is to provide a thorough description of the proposed projects and how they will improve health outcomes. Applications rated most highly will include descriptions of programs that effectively reach and serve clients with high need, have a sound technical basis, address known challenges and gaps in services, strive to build stronger results through innovation, and will contribute to the overall quality, scope and impact of the service area response. This section will be reviewed in conjunction with Linkages Summary (Attachment B), so direct references to these tables may be included. More specifically, the following elements must be included:

Describe the population to be served

Applications must describe the geographic area where the target population is found, the need for services, the demographic characteristics of the population to be served and the barriers to care experienced by the population to be served, as well as ways in which you will address those barriers.

Describe the proposed services and how they will improve health outcomes.

- Applications must describe with specific detail how your agency will provide services in accordance with the service category definitions and key activities;
- Applications should pay special attention to addressing the issues highlighted in the 'key activities' sections of the service category. These activities highlight areas of known technical complexities, service gaps, or frequent challenges. Approaches to addressing these issues are critical;
- Applications must describe how the services will facilitate movement of clients along the continuum from prevention to care: early diagnosis, linkage to medical care and other services, antiretroviral treatment, adherence to medication, retention in medical care, re-engagement in medical care and improved health outcomes;
- Applications must develop goals and objectives for the proposed project that are clearly defined, measurable, time-specific and responsive to service area specific goals and priorities;
- Describe how the proposed activities will impact the following health outcomes: 1) retention and stability in care over time; 2) decreased viral load and increased CD4 counts; 4) fewer hospitalizations; 5) fewer opportunistic infections; and 6) improved quality of life;

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- Applications must describe how the agency will determine client eligibility and enroll and maintain clients in care; and
 - Applications must describe how the agency will make services accessible by detailing your hours of operation and flexible schedules that provide for evening and weekend hours of operation.
- 4) **Linkages Summary** - Applicants must complete the attached Linkages Summary Table, which outlines the Service Categories and the level of direct and indirect service provision.
- 5) **Work Plan** - Applicants must complete the work plan attachment for each proposed Service Category. The work plan should include proposed targets and the goals and objectives for the proposed program. All work plans should be labeled clearly by Service Category.

6) **Budget and Budget Narrative**

Applicants must provide a detailed line-item budget and budget narrative that includes the type and number of staff necessary to successfully provide your proposed services. All applicants applying for services must use the HAHSTA approved budget forms. The forms are posted electronically as a separate Microsoft Excel file alongside this RFA. There cannot be any changes made to the format or content areas of the Excel workbook. Applicants must provide a budget for each Service Category submitted.

HAHSTA reserves the right to not approve or fund all proposed activities. For the budget justification, provide as much detail as possible to support each requested budget item. List each cost separately when possible. Provide a brief description for each staff position including job title, general duties and activities related to this grant, including the rate of pay and whether it is hourly or salary and the level of effort expressed as how much time will be spent on proposed activities for each staff position. Describe this “time spent” as a percentage of full time equivalent or FTE (e.g., 50% FTE for evaluation activities).

A maximum of ten percent (10%) of the amount budgeted for direct services is permitted for all administrative or indirect costs activities.

- 7) **Assurances and Certifications** - Assurances and certifications are of two types: those required to submit the application and those required to sign grant agreements. DOH requires all applicants to submit various statements of certification, licenses, other business documents and signed assurances to help ensure all potential awardees are operating with proper D.C. credentials. The complete compilation of the requested documents is referred to as the **Assurances Package**.

Please reference items 7 through 10 outlined in the list of Application Elements.

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Failure to submit the required assurance package will make the application ineligible for funding consideration (required to submit applications) or ineligible to sign/execute grant agreements (required to sign grant agreements).

Note: If selected for a Notice of Intent to Fund, the applicant organization will be required to submit the following additional documents pre-award:

- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services funded by grant award.
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker's Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements
- Other specialized licenses, etc. required by federal and District laws to conduct business this RFA supports.

8) Attachments

- a. Applicant Profile
- b. The Notice of Intent to Apply is required for all applicants. It is due by Monday, November 21, 2016 at 6pm.
- c. Medicaid Certification are required for organizations applying for any Service Categories that are reimbursable by Medicaid.

D Application Submission (Enterprise Grants Management System)

Effective October 2016, all application submissions must be done electronically via Department of Health's Enterprise Grants Management System (EGMS), DOH's web-based system for grant-making and grants management. In order to submit an application under this funding opportunity, the applicant organization must register in EGMS and establish an account for the authorized representative. If the applicant organization has an account already, please ensure that the Primary Account User is authorized to submit an application on behalf of the organization and his/her account is active. Currently, Secondary Account Users do not have submission privileges but can work in EGMS to prepare (e.g. upload documents, complete forms) the application.

Register in EGMS

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DOH recommends that applicants create an EGMS account, establishing a Primary Account User as the authorized representative **at least two weeks** prior to the application submission deadline. There is no guarantee that the authorized representative would have an approved account if the registration process does not begin at least **two weeks** prior to the deadline. Deadline-day registrations may not be approved by the DOH Office of Grants Management in time for submission. To register, complete the following:

IMPORTANT: WEB BROWSER REQUIREMENTS

1. **Check web browser requirements for EGMS** - The DC DOH EGMS Portal is supported by the following browser versions:
 - Microsoft ® Internet Explorer ® Version 11
 - Apple ® Safari ® version 8.x on Mac OS X
 - Mozilla ® Firefox ® version 35 & above (Most recent and stable version recommended)
 - Google Chrome ™ version 30 & above (Most recent and stable version recommended)
2. **Access EGMS:** The user must access the login page by entering the following URL in to a web browser: https://dcdoh.force.com/GO_ApplicantLogin2. Click the button REGISTER and following the instructions. You can also refer to the [EGMS External User Guide](#).
3. Determine the agency's Primary User (i.e. authorized to accept terms of agreement, certify and submit documents, request and accept modifications). The Primary User will determine a Secondary User and send a notification via EGMS for him/her to set-up an account.
4. Your EGMS registration will require your legal organization name, your **DUNS # and Tax ID#** in order to complete the registration. Your EGMS registration will also require your SAM (System for Award Management) expiration date to be entered into your agency profile. Please ensure that you have an active SAM registration (www.sam.gov).
5. When your Primary Account User request is submitted in EGMS, the DOH Office of Grants Management will review the request. If the requester is NOT the identified Executive Director, DOH Office of Grants Management will make an additional request for the Executive Director to send an email to DOH to confirm that the requester is the authorized representative for EGMS. When requested, your authorized representative should send to doh.grants@dc.gov the name, title, telephone number and email address of the desired Primary User for the account. **SUBJECT LINE: EGMS PRIMARY**

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USER ____AGENCYNAME. Note: The email will help to support the validation of authorized users for EGMS. DOH official grant records will also be used. Please reply asap to any requests from Office of Grants Management to provide additional information, if needed.

6. Once you register, your Primary Account User will get an auto-notice to upload a “DUNS Certification” – this will provide documentation of your organization’s DUNS. You can simply upload a scanned copy of the cover page of your SAM Registration.

EGMS User Registration Assistance:

Office of Grants Management at doh.grants@dc.gov assists with all end-user registration if you have a question or need assistance: Primary Points of Contact: LaWanda Pelzer (202) 442-8983 and Clara McLaughlin (202) 442-9237. Here are the most common registration issues:

- Validation of the authorized primary account user
- Wrong DUNS, Tax ID or expired SAM registration
- Web browser

Review the EGMS External User Recorded Webinar for information on the submission process and navigation of EGMS.

<https://dcnet.webex.com/dcnet/ldr.php?RCID=957d2b20dd173112ea7c2bb1025fcb33>

[\(If you have trouble linking, try Google Chrome and not Internet Explorer\)](#)

VII. Review and Selection of Applications

Pre-Screening – All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH personnel prior to being forwarded to the external review panel. Incomplete applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

External Review Panel – The review panel will be composed of neutral, qualified, professional individuals that have been selected for their unique experiences in human services, public health nutrition, health program planning and evaluation, and social services planning and implementation.

The panel will review, score and rank each applicant’s proposal based on the criteria outlined in

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the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

For this competition, HAHSTA will conduct a two-part review process based on both the submission and a pre-decisional site visit. The overall evaluation will consist of an analysis of the written submission and the results of a site visit. The written proposal and site visit are weighted equally at 50 points each, for a maximum of 100 points available.

1. Written proposal – 50 points available

- a. Organizational Background and Capacity - 10 points
- b. Project Description – 20 points
- c. Linkages Summary (attachment B) – 10 points
- d. Work Plan (attachment C) – 10 points

2. Site Visit – 50 points available

- a. Organizational Infrastructure – 5 points
- b. Organizational History of Service Provision – 5 points
- c. Program Management – 5 points
- d. Fiscal Systems – 5 points
- e. Billing Systems – 5 points
- f. Organizational Sustainability – 5 points
- g. Data Collection and Reporting – 5 points
- h. Quality Management – 5 points
- i. Organizational Access to Population of Focus – 5 points
- j. Cultural Competence – 5 points

The site visit shall include a tour of the organization, to include the facility where proposed services will be offered. HAHSTA anticipates that site visits will occur between December 19, 2016 and January 11, 2017 and will last approximately four hours. Site visits will be scheduled prior to December 1, 2016. At that time, HAHSTA will share site visit preparation guidelines.

Please note, a letter of intent to apply for funding is required for this RFA. This information will be used to schedule site visits.

Internal Review – DOH program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DOH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct an DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DOH reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being

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considered for award. Any request for supplemental information or on-site visits is not a commitment by DOH to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DOH Director for signature. The DOH Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

Additional Internal Review Requirements (HAHSTA)

The internal review process will take into consideration past performance as a HAHSTA grantee under the Ryan White HIV/AIDS Program. The review of past performance during the Ryan White Grant Year 25 is designed to examine an applicant's history of compliance as a grantee. Applicants with no history as a HAHSTA grantee will not be held at a disadvantage, as this area has a neutral effect on applicant scores *unless* the applicant has proven to be out of compliance with previously awarded HAHSTA grants. Five areas will be considered:

- a. Timely audit submission and findings
- b. History of being placed on Corrective Action Plans
- c. Late, incomplete, or inaccurate monthly CAREWare data uploads
- d. Deficient completion status of RSR mid-year and annual reports
- e. Monthly progress report delinquency (3 or more)

The above referenced criteria have a negative point value. Applicants with a demonstrated history of any of the program deficiencies listed above will lose one point off of the application's total score. For example, an organization that was placed on a Corrective Action Plan and submitted three monthly reports late will lose two (2) points from their final score (written application and site visit).

Funding Decisions

Based on the total scores from the site visit, written proposal, and internal review of eligible applications, HAHSTA will prepare and submit a formal recommendation of prospective awardees, proposed funding levels and service categories to the DOH Director for approval. The final funding recommendations will ensure that the overall portfolio of Ryan White funded services meets the overall programming needs of the jurisdiction.

Pre-Award Activities

Successful applicants will receive a letter of Notice of Intent to Fund from HAHSTA. Grant award activities will take place in EGMS. Successful applicants will interact with HAHSTA staff to review draft contract provisions, prepare final Table(s) A: Scope of Work and Budget Format and Budget Narratives.

Organizations receiving Notification of Intent to Fund cannot begin activities until a Notice of Grant Award (NOGA) is issued and a Grant Agreement has been signed by the DOH

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Director and accepted by the Grantee. The Applicant shall not announce publically receipt or award of funding from DOH under this RFA until an actual DOH NOGA is received.

III. Grant Terms and Conditions

All grants awarded under this program shall be subject to the DOH Standard Terms and Condition for all DOH – issued grants. This is available as Attachment H for this RFA.

Additional program and administrative terms:

Reporting and Continuation of Funding

Grantees must submit monthly data reports and quarterly progress and outcome reports using the tools provided by the HAHSTA and following the procedures determined by the HAHSTA.

Continuation funding for option year(s) is dependent upon the availability of funds for the stated purposes, fiscal and program performance, and willingness to incorporate new directives, policies, or technical advancements that arise from the community planning process, evolution of best practices or other locally relevant evidence.

Drug-Free Workplace

The organization agreement shall contain a provision requiring the organization to abide by the certifications contained in this announcement (attachment H).

District of Columbia Regulatory Requirements

- a. Organizations seeking funding in any service categories that include work with children are required to complete Criminal Background Investigations annually (conducted through local law enforcement agency) on all paid or volunteer service providers.
- b. Organizations employing or contracting with Health Care Professionals licensed under Health Occupations Code must include copies of the appropriate jurisdictional licenses with grant proposals.

Confidentiality

The applicant must demonstrate that they will protect the identity of those HIV infected persons receiving services. All records and other identifying information will be maintained in a secure place. The purpose of confidentiality is to protect persons by minimizing disclosure of information about them. Any breach of this policy is liable for civil penalty damage.

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All Covered Entities and Business Associates (as defined by the HIPAA Privacy Standards) must comply with HIPAA.

Quality Improvement

The organization will agree to participate in Quality Improvement activities and record review processes established by the Grantee, the District of Columbia Department of Health.

Compliance with the Americans with Disabilities Act

Consistent with the American with Disabilities Act of 1990, all facilities shall be accessible to persons with mobility limitations.

Client Satisfaction and Grievance Procedure

The organization will agree to maintain and disseminate information regarding the client grievance process and will provide a mechanism for assessing client satisfaction with services annually.

Availability of Funds

The funds listed in this RFA are projections and subject to change.

Information Systems

During the term of the grant, organizations are required to obtain and maintain all hardware, software and training necessary to collect and report all data via data collection tools provided by or approved by HAHSTA.

Technical Assistance

HAHSTA shall offer technical assistance for issues related to this RFA.

Contact: T'Wana L. Holmes via e-mail RW2017RFA@dc.gov or by phone at (202) 671- 4900.

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Attachments

- Attachment A: Applicant Profile
- Attachment B: Linkages Summary
- Attachment C: Workplan
- Attachment D: Budget and Budget Narratives
- Attachment E: Notice of Intent to Apply [\(Required: due November 21, 2016\)](#)
- Attachment F: Medicaid Certification
- Attachment G: Health Outcomes
- Attachment H: DOH Standard Terms and Conditions
- Attachment I: RFA Dispute Resolution Policy